



Supervised Consumption Services in Ontario:

Evidence
and Recommendations



CENTRE ON
DRUG POLICY
EVALUATION

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The Centre on Drug Policy Evaluation is dedicated to supporting people who use drugs and their communities to be healthier and safer. We do this by generating scientific evidence and sharing knowledge on the most effective policies, programs and practices to minimize the risks of drugs and maximize their benefits. We work closely with community members including people who use drugs, civil society, researchers, frontline service organizations, and governments at local, provincial, national and international levels. Our focus is on innovative research and actions that have a measurable positive impact on people's lives. Our immediate goal is to end Canada's overdose epidemic by developing an innovative, effective, equitable, and evidence-based national public health strategy that responds to the epidemic's root causes: government neglect, the unregulated drug supply, the ongoing impact of colonization and systemic racism, and the housing crisis.

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Executive Summary

On August 20th, 2024, the Ontario provincial government announced new legislation that would force the closure of most of Ontario's 17 supervised consumption services. The government's rationale for this ban centered on alleged public safety impacts of supervised consumption services on surrounding areas, with government representatives citing increased violent crime in neighbourhoods that implemented the facilities. The proposed legislation would mandate distance requirements of greater than 200 meters from schools or childcare facilities, which would result in 10 supervised consumption services to close across the province. The announcement also stated that no new sites would be opened to replace those forced to close.

This legislative proposal comes amid an ongoing overdose crisis that has claimed the lives of over 26,000 Ontarians since 2016—surpassing the province's COVID-19 mortality rate and representing an unprecedented public health emergency. The government announced this ban without presenting any supporting scientific, clinical, or public health evidence. This report, prepared by the Centre on Drug Policy Evaluation, is intended to fill this gap. Herein, we present data from multiple data sources, including: 1) evidence compiled by the provincial government itself; 2) international scientific evidence; as well as evidence from an ongoing Toronto-based scientific evaluation of supervised consumption services in Ontario on 3) public health impacts of supervised consumption services; and 4) the association between supervised consumption services and major crimes in Toronto.

Both internal ministry reports and taxpayer-funded external expert analyses consistently demonstrate a range of public health and public safety benefits of supervised consumption services. International evidence supports these findings, with multiple systematic reviews documenting positive impacts of supervised consumption services on preventing fatal overdose, improving uptake and retention in substance use treatment, reducing drug-related litter (e.g., discarded needles), and reducing infectious disease transmission risk.

Since March 2020, Ontario's supervised consumption services have recorded 1.12 million visits from 178,000 unique clients. These facilities have facilitated more than 530,000 service referrals—including housing, case management, and substance use treatment—and successfully reversed 22,000 overdoses. Additionally, data from Toronto demonstrate that neighbourhoods with supervised consumption services subsequently experienced 67% reductions in overdose mortality, while other neighbourhoods showed no significant decreases.

Analysis of crime data reveals two key findings. First, using 13 years of homicide data in Toronto from the Office of the Chief Coroner of Ontario, we found that after the opening of supervised consumption services, areas within 500 meters experienced a minimal but significant decrease in the homicide rate, while areas

further than 3 kilometers away from sites experienced a minimal but significant increase. Second, analysis of nine years of Toronto Police Services data showed that neighbourhoods with supervised consumption services experienced significant decreases in assault and robbery rates after their implementation, while other downtown neighbourhoods showed no such decline. While there were no significant changes in thefts over \$5000 after the opening of sites, both neighbourhoods with and without supervised consumption services experienced initial increases in the break and enter rates, followed by significant downward trends. These findings directly contradict the Ontario provincial government's claims that crime increased in neighbourhoods with supervised consumption services relative to other neighbourhoods.

Based on this comprehensive evidence review, we recommend the following steps:

- 1. Reverse the decision to close supervised consumption services in Ontario.**
- 2. Make public all scientific evidence related to the provincial government's decision to ban supervised consumption services.**
- 3. In line with taxpayer-funded expert reports, provide supervised consumption services with increased funding to expand their services and mitigate any potential public safety issues that may arise.**
- 4. Meaningfully expand Ontario's addiction treatment system.**
- 5. Properly fund a comprehensive system of care for substance use in Ontario that integrates supervised consumption services, other frontline service providers, a responsive treatment system, and supportive housing.**

Background

On August 20th, 2024, Ontario's provincial government announced impending legislation that would close over half of the province's supervised consumption services and prohibit municipalities from opening additional ones. According to Ontario's provincial government, the rationale for this policy decision is 'protecting the safety of children and communities'¹ This announcement is the culmination of a provincial audit of supervised consumption services in Ontario, which was undertaken after the accidental homicide of a community member within 100 meters of a supervised consumption service operating in the South Riverdale neighbourhood in Toronto. The government announcement specifically noted that, "[c]rime in the vicinity of these sites is significantly higher compared to surrounding neighbourhoods. In Toronto, reports of assault in 2023 are 113% higher and robbery is 97% higher in neighbourhoods near these sites compared to the rest of the city."

This legislative decision is being made in the context of an escalating overdose epidemic. Since the saturation of fentanyl in Ontario's drug supply beginning in 2016, more Ontarians have died of an overdose than of COVID-19. Additionally, between 2016 and 2023, the annual rate of opioid overdose mortality increased by 200%, from 867 (2016) to 2,647 (2023). During that time, 26,673 Ontarians have died of an opioid or stimulant overdose.² The overdose epidemic is therefore deadlier in Ontario than COVID-19, which has to date resulted in 18,873 deaths.

The Centre on Drug Policy Evaluation is conducting an ongoing investigation of overdose mortality, service access, health outcomes, and crime in Toronto via grant funding from the Canadian Institutes of Health Research (PJT-153153; PCS-190985) and the New Frontiers in Research Fund (NFRFR-2022-00077). In an effort to inform the best possible policy responses to Ontario's overdose epidemic, we sought to summarize existing and emerging evidence on supervised consumption services in Toronto, including their impact on referrals, client health, and community health and safety. Additionally, we summarize the recommendations on supervised consumption services in expert reports funded by provincial taxpayers. Finally, we propose actionable steps to optimize Ontario's response to the overdose epidemic.

¹ Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs. (August 20, 2024). Toronto, Government of Ontario. Available at: <https://news.ontario.ca/en/release/1004955/ontario-protecting-communities-and-supporting-addiction-recovery-with-new-treatment-hubs>.

² Government of Canada. (2024). "Opioid- and Stimulant-related Harms in Canada." Available at: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>.

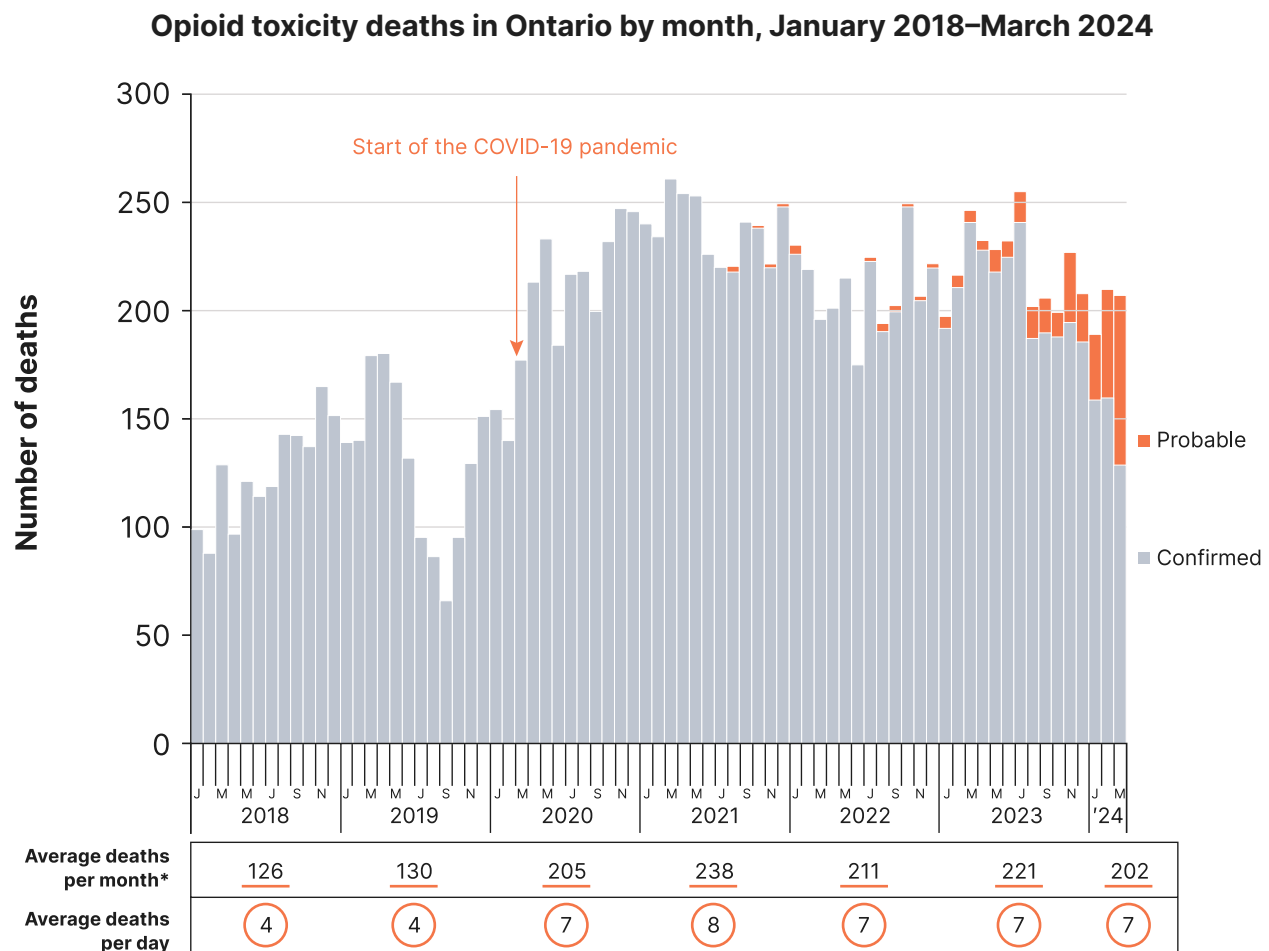
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1. How we got here: The drug toxicity crisis in Ontario

In 2017, the year prior to the opening of supervised consumption services in Ontario, the opioid overdose mortality rate had increased by roughly 50%, from 867 deaths in 2016 to 1,294.

Figure 1. Quarterly Update from the Office of the Chief Coroner³

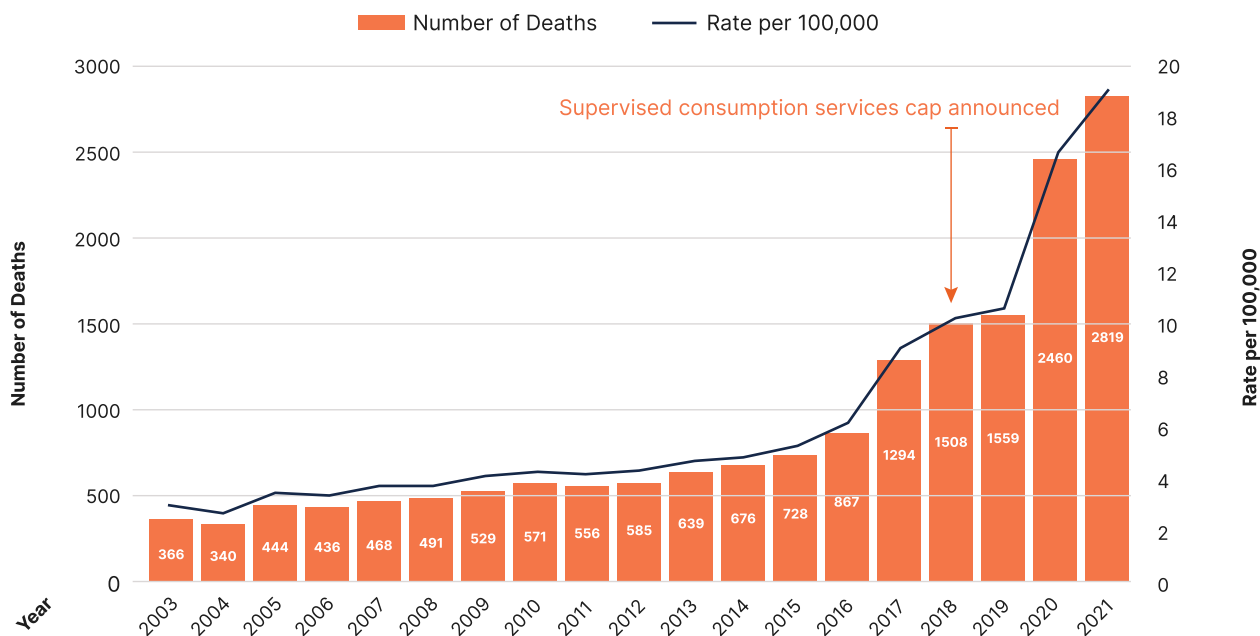


Source: Office of Chief Coroner (OCC) – Data effective July 29, 2024.

Includes confirmed and probable opioid toxicity deaths and ongoing investigations where information may be pending. Data are preliminary and subject to change.

³ Ontario Drug Policy Research Network. Suspect Drug-Related and Drug Toxicity Deaths in Ontario. 2024. Available at: <https://odprn.ca/occ-opioid-and-suspect-drug-related-death-data/2024>.

Figure 2. 2018: The provincial government arbitrarily caps the number of supervised consumption services in Ontario



In 2018, after the number of overdose fatalities in Ontario had roughly doubled over two years (see Figure 2), the provincial government announced a provincial cap of 21 supervised consumption services, as well as a rebranding of these services as 'Consumption and Treatment Services'.^{4, 5} Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, further stated that this move reflected the Ontario government's commitment to "a new, enhanced approach to treatment services," and noted that "our new delivery model would provide a pragmatic approach to overdose prevention, rooted in a relentless focus on getting people the help that they need by connecting them to treatment."

In defending his government's decision, "Premier Doug Ford stated that it was motivated by a 'great conversation with the Cabbagetown [business improvement] association,' the members of which communicated that 'It's okay, help them, but not in my backyard; that's the reality of things.'"⁶ Premier Ford also noted that he was "passionate" about ensuring that treatment was available for those who need it.

⁴ Ontario Ministry of H, Long Term Care. Ontario Government Connecting People with Addictions to Treatment and Rehabilitation. Toronto: Government of Ontario; 2018. Available at: <https://news.ontario.ca/en/release/50237/ontario-government-connecting-people-with-addictions-to-treatment-and-rehabilitation>.

⁵ This report will refer throughout to sites as supervised consumption services.

⁶ CBC News. Province cut some injection sites because area residents 'upset,' Ford says. April 1, 2019. Toronto: CBC News. Available at: <https://www.cbc.ca/news/canada/toronto/province-cut-some-injection-sites-because-area-residents-upset-ford-says-1.5079616>.

2. Government evidence on the impact of supervised consumption services

The recommendation to cap the number of supervised consumption services was made after an extensive evidence-gathering process. **Documents obtained via a freedom of information request reveal that the final decision to restrict access and funding to supervised consumption services was inconsistent with the government's own scientific evidence and conclusions.** As can be seen below, an internal government report concluded that supervised consumption services were effective against overdose mortality, improved addiction treatment uptake, reduced public drug use, and were cost-effective, among other benefits.

- Peer-reviewed evidence on SCS from several jurisdictions concludes that these sites have/are:
 - Have protective effects on overdose-related morbidity and mortality, and can help reduce ambulance calls for overdose-related purposes;
 - Improve client access to health care services;
 - Have a positive association with access to addictions treatment;
 - Have a positive influence on high risk behaviours (i.e., reduced needle sharing, disposal of used equipment, awareness of hygienic injection practices);
 - Are associated with a decrease in public drug use;
 - Are associated with inappropriate disposal of equipment, which may have been influenced by policing or other factors;
 - Implementation is not associated with an increase in drug-related crime or drug dealing; and
 - Are cost-effective and result in savings to the overall health care system.

Supervised Consumption Services (SCS) and Overdose Prevention Sites (OPS): Summary of Evidence and Expert Consultations

Ministry of Health and Long-Term Care
September 2018



Summary of overall findings from Ontario provincial government report on supervised consumption services, September 2018

<p>Supervised Consumption Services (SCS) and Overdose Prevention Sites (OPS): Summary of Evidence and Consultations</p> <p>Ministry of Health and Long-Term Care September 2018</p>	<p>Overdose Related Morbidity and Mortality</p> <p>Overall Findings: SCS have protective effects on overdose-related morbidity and mortality. Additional studies concluded SCS can help reduce ambulance calls for overdose-related purposes.</p>
	<p>Improvements in Health Care Access</p> <p>Overall Findings: SCS improves client access to health care services (i.e., treatment for injection-related infections, medical care, harm reduction services, smoking cessation).</p>
	<p>Addictions Treatment (Referral and Uptake)</p> <p>Overall Findings: There is a positive association with SCS use and access to addictions treatment (referrals and uptake).</p>
	<p>High Risk Behavioural Changes</p> <p>Overall Findings: SCS have had a positive influence on high risk behaviours, including reduced needle sharing, the disposal of used equipment, requests for harm reduction education, and awareness of hygienic injection practices.</p>
	<p>Transmission of Blood-Borne Infections</p> <p>Overall Findings: Economic modelling suggests that SCS use may result in fewer Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) infections.</p>
	<p>Public Injection and Disposal of Drug Paraphernalia</p> <p>Overall Findings: SCS are associated with a decrease in public drug use and inappropriate disposal of equipment. This may have been influenced by policing or other factors.</p>
	<p>Crime</p> <p>Overall Findings: There was no increase in drug-related crime or drug dealing associated with implementation of SCS.</p>
	<p>Cost-Effectiveness</p> <p>Overall Findings: SCS are cost-effective and result in savings to the overall health care system.</p>

Additionally, the freedom of information request reveals that the membership of the Opioid Emergency Task Force—a group of scientific and clinical experts handpicked by the provincial government—unanimously supported supervised consumption services in Ontario, with “increased access to addictions treatment and other services.” Only three of the 30 experts consulted indicated they did not support these sites as “an acceptable model overall.”

3. Government funding for mental health and addictions after the 2018 cap

In capping supervised consumption services, government leaders stated a commitment to expanding access to treatment and enhancing the capacity of supervised consumption services to engage in treatment referrals. Following this announcement, annual provincial spending on mental health and addictions was lower than the levels announced by the preceding government in subsequent years (see Table 1). It also remained static over the following three years.

Table 1. Annual provincial budget for mental health and addictions

Budget year	Announced spending on mental health and addictions
Provincial Budget 2018-2019	\$200 million*
Provincial Budget 2019-2020	\$174 million
Provincial Budget 2020-2021	\$176 million
Provincial Budget 2021-2022	\$175 million
Provincial Budget 2022-2023	\$204 million
Provincial Budget 2023-2024	\$142 million**

Note: Supervised consumption service cap was announced in 2018

*Previous government annual budget allocation

**Median annual budget allocation (\$425 million over three years)

Source: Ontario Budget⁷

⁷ Government of Ontario. (2024). "Ontario Budget: past editions." Available at: <https://www.ontario.ca/page/ontario-budget-past-editions>.

4. Scientific evidence on supervised consumption services

Supervised consumption sites are health services that offer a safe and hygienic environment for people to use previously obtained unregulated substances under the supervision of medical professionals and trained staff.⁸ In the event of an overdose, trained personnel are able to intervene immediately. The services also provide access to sterile injection equipment, connect people to basic medical care, and provide referrals to other health and social services, including substance use treatment.⁹ These sites are typically situated in areas of concentrated drug use activity and are part of a continuum of services that address drug-related harms, such as needle/syringe distribution programs, safer opioid supply programs, opioid agonist treatment, and recovery focused programs.

Supervised consumption sites have been implemented in many settings, with over 100 sites in more than 60 cities across 11 countries globally.¹⁰ A large body of rigorous evaluations of supervised consumption sites undertaken internationally and across Canada, over multiple decades has shown that these services have positive impacts on the communities which they are located. Supervised consumption services have been shown to:^{11, 12, 13}

- Reduce overdose morbidity and mortality
- Reduce unsafe injecting behaviours (i.e., needle sharing, disposal of injecting equipment, and awareness of hygienic practices)
- Reduce the risk of transmission of injection-related infections, such as HIV, hepatitis C, and bacterial infections
- Reduce public injection and discarded injection-related litter in public places
- Promote access through referrals to health and social services, including substance use treatment
- Be cost-effective and reduce the overall burden emergency services and the health care system

Furthermore, there is no evidence to suggest that these services cause people with histories of substance use to relapse, or that they cause people who do not use to start. Given what is known about supervised consumption sites, these services are an ideal entry-point for people with complex needs to enter the system of treatment and care.

⁸ Kerr, Thomas, et al. "Supervised injection facilities in Canada: past, present, and future." *Harm reduction journal* 14 (2017): 1-9.

⁹ Kennedy, M. C., M. Karamouzian and T. Kerr. (2017). "Public health and public order outcomes associated with supervised drug consumption facilities: A systematic review." *Current HIV/AIDS Reports* 14(5): 161-183.

¹⁰ Roque Camacho ME. Drug consumption rooms: an overview of provision and evidence. *Medicina y ética* 2022; 33(4): 1167-78.

¹¹ Levengood, T. W., G. H. Yoon, M. J. Davoust, S. N. Ogden, B. D. Marshall, S. R. Cahill and A. R. Bazzi. (2021). "Supervised injection facilities as harm reduction: A systematic review." *American Journal of Preventive Medicine* 61(5): 738-749.

¹² Magwood, O., G. Salvalaggio, M. Beder, C. Kendall, V. Kpade, W. Daghmach, G. Habonimana, Z. Marshall, E. Snyder and T. O'Shea. (2020).

"The effectiveness of substance use interventions for homeless and vulnerably housed persons: a systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder." *PloS One* 15(1): e0227298.

¹³ Potier, C., V. Lapr v te, F. Dubois-Arber, O. Cottencin and B. Rolland. (2014). "Supervised injection services: what has been demonstrated? A systematic literature review." *Drug and Alcohol Dependence* 145: 48-68.

5. Recent evidence on supervised consumption services in Toronto and Ontario

Access and referral patterns from supervised consumption services in Ontario

Between March 2020 and March 2024, supervised consumption services across Ontario served 178,253 unique clients who collectively made 1,120,144 visits. A total of 21,979 non-fatal overdoses were reversed onsite of which 36% occurred in supervised consumption services anticipated to close under the new provincial ban.¹⁴ Additionally, 533,624 service and substance use treatment referrals were made by staff at sites.

The Ontario Integrated Supervised Injection Services study (OiSIS-Toronto study) is an open prospective cohort of people who inject drugs in Toronto,¹⁵ funded by the Canadian Institutes of Health Research. The study was initially established to evaluate the impact of supervised consumption services within three community health agencies, including two multiservice community health centres and one harm reduction program, which opened between August 2017 and March 2018. The cohort includes participants who do and do not use supervised consumption services, who are recruited via outreach, self-referral, and other community-based methods.

<p><i>J Urban Health</i> (2021) 98:538–550 https://doi.org/10.1007/s11263-021-00547-w</p> <p>The Ontario Integrated Supervised Injection Services Cohort Study of People Who Inject Drugs in Toronto, Canada (OiSIS-Toronto): Cohort Profile</p> <p>Alyssa J. Scheim · Rolf Kate Mason · Geoff Bar Gary Garber · Stefan B</p> <p>Accepted: 5 May 2021 / Published © The Author(s) 2021</p> <p>Abstract The Ontario In Services cohort in Toront an open prospective coho (OiSIS-Toronto) is a impacts of supervised con grated within three commu sites and service use. The and do not use SCSS, more sampling and communica ber 2018 to 19 March 20 PWID aged 18+ who lived place, interviewers adminis and semi-annually themat linkages with provincial h buses (98.2% covera</p> <p>A. J. Scheim Department of Epidemiology Public Health, Desautels</p> <p>A. J. Scheim · R. Sniderman · Z. R. Greenwald · S. Mitra · Centre on Drug Policy (C Hastings St. Toronto, Ont M5T 1A1, Canada e-mail: dscheim@healthcan</p> <p>A. J. Scheim Department of Epidemiology Medicine and Chemistry, Toron Canada</p> <p>Springer</p>						
Table 2. Characteristics of OiSIS-Toronto participants by recent frequency of supervised consumption services use						
Characteristic	Total	Recent frequency of supervised consumption services use (proportion of all injections at supervised consumption services)*				p-value
	n=701 n (%)	All or most (≥75%) n = 182 n (%)	Some (26–74%) n = 215 n (%)	Few (≤25%) n = 204 n (%)	None n = 94 n (%)	
Current use of opioid agonist therapy (n=699)						0.01
No	472 (67.5)	107 (58.8)	142 (66.4)	142 (72.1)	72 (77.4)	
Yes—methadone	188 (26.9)	67 (36.8)	59 (27.6)	43 (21.1)	18 (19.4)	
Yes—buprenorphine/naloxone	34 (4.9)	6 (3.3)	13 (6.1)	11 (5.4)	3 (3.2)	
Yes—other	5 (0.7)	2 (0.1)	0 (0.0)	3 (1.5)	0 (0.0)	

¹⁴ Public Health Agency of Canada. Supervised consumption sites: Dashboard. Ottawa: Health Canada. 2024. Available at <https://health-infobase.canada.ca/supervised-consumption-sites/>.

¹⁵ Scheim, A. I., R. Sniderman, R. Wang, Z. Bouck, E. McLean, K. Mason, G. Bardwell, S. Mitra, Z. R. Greenwald, K. Thavorn, G. Garber, S. D. Baral, S. B. Rourke and D. Werb (2021). "The Ontario Integrated Supervised Injection Services Cohort Study of People Who Inject Drugs in Toronto, Canada (OiSIS-Toronto): Cohort Profile." *Journal of Urban Health*: 1–13.

An initial profile study using cross-sectional baseline data of 701 people who inject drugs surveyed between November 2018 and March 2020 indicated that **86% of participants had used a supervised consumption service in the past six months.**¹⁶ Approximately a quarter of participants used a site for more than 75% of their injections. Of these individuals, **9 out of 10 (91%) were homeless or housed in unstable situations, while over one-third (38%) had been incarcerated in the past six months.** This demonstrates that clients of these sites in Toronto are among those that face the greatest difficulties in accessing substance use treatment.¹⁶ Nevertheless, **a significantly higher proportion of participants who accessed supervised consumption services for all or most of their injections also reported currently being enrolled in addiction treatment** compared to those that did not access supervised consumption services (37% vs. 19%)¹⁶ (see Table 2).

¹⁶ Ibid

5.1 Who accesses supervised consumption services in Toronto?

Table 3 (below) presents data on the number of visits, unique clients, service and treatment referrals, and responses to non-fatal overdoses at supervised consumption services in Ontario. The table is stratified between sites that are and are not set to be closed as a result of the the provincial government's announced ban.

Table 3. Summary of supervised consumption service visits, unique clients, referrals, and non-fatal overdose response among sites operating in Ontario (March 2020 to May 2024), stratified by their anticipated closure status under the provincial ban.

City name: Supervised consumption service site	Visits	Unique clients	Referrals	Non-fatal overdoses
Closure anticipated	382776	74786	202849	8471
Guelph: Guelph CHC	28099	5464	4238	198
Hamilton: Hamilton Urban Core CHC	61667	6122	16633	400
Kitchener: Supervised Consumption Site - Kitchener/Waterloo	44731	9540	23218	935
Ottawa: Somerset West Community Centre	43800	6329	99184	1728
Thunder Bay: PATH525 (NorWest CHC)	31541	8466	14045	372
Toronto: Kensington Market Overdose Prevention Service (St. Stephen's)	14145	3705	8795	205
Toronto: Parkdale Queen West CHC (Queen West Site)	19663	5379	10905	741
Toronto: Regent Park CHC Consumption And Treatment Service	22960	6529	11740	382
Toronto: South Riverdale CHC	45078	6139	9146	1032
Toronto: The Works	71092	17113	4945	2478
No closure anticipated	737368	103467	330775	13508
Kingston: Integrated Care Hub	35159	3791	46467	574
Kingston: Street Health - Kingston	1276	194	606	0
London: Carepoint	68053	11725	86277	731
Ottawa: Healthy Sexuality And Risk Reduction Unit (Ottawa Public Health)	8666	2446	9298	139
Ottawa: Sandy Hill CHC	66817	14169	37876	2339
Ottawa: The Trailer 2.0	257628	19180	54769	2410
Peterborough: Four Cast	18039	2301	996	124
St. Catharines: Streetworks Supervised Consumption Site (Positive Living Niagara)	61109	7248	14293	1038
Sudbury: Reseau Access Network - Energy Court	2573	891	1137	32
Toronto: Casey House CHC	901	309	1214	37
Toronto: Casey House Inpatient	476	57	997	40
Toronto: Fred Victor Centre	133963	18404	20543	2503
Toronto: Moss Park Consumption & Treatment Service	60354	15511	37326	2499
Toronto: Parkdale Queen West CHC (Parkdale Site)	14409	4109	11673	819
Toronto: Street Health - Toronto	7945	3132	7303	223
Total	1120144	178253	533624	21979

Legend: CHC = community health centre. Data source; Health Canada Health InfoBase, Supervised Consumption Service Dashboard¹⁷ and stratifications based on the Government of Ontario announcement of site closures.¹⁸

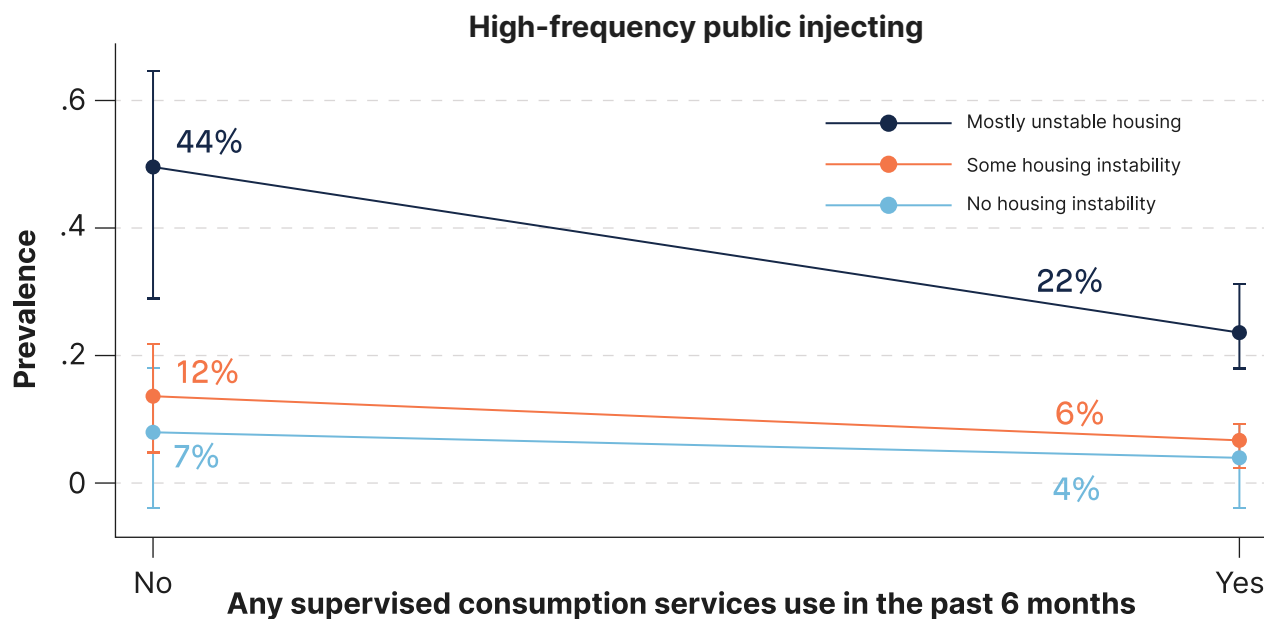
¹⁷ Government of Canada, Health InfoBase (2024, Aug 22). Supervised consumption sites: Dashboard. Health InfoBase. Retrieved 2024-09-10 from <https://health-infobase.canada.ca/supervised-consumption-sites/>.

¹⁸ Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs. (August 20, 2024). Toronto, Government of Ontario. Available at: <https://news.ontario.ca/en/release/1004955/ontario-protecting-communities-and-supporting-addiction-recovery-with-new-treatment-hubs>.

5.3 Public injecting

Recent research demonstrates that supervised consumption services in Toronto play a key role in reducing public injecting. First, as shown in Figure 3, data demonstrate that **people who inject in public are more likely to be homeless and/or experience housing instability**. Furthermore, **among those who are homeless and/or unstably housed, recent supervised consumption services use was associated with a 50% reduction in the prevalence of high-frequency public injecting (44% to 22%).**²¹ This strongly suggests that ensuring supervised consumption service access among the people most likely to inject in public (i.e., those without a stable housing situation) leads to reduced public injecting.²¹

Figure 3. Impact of supervised consumption services access on high-frequency public injecting by housing status



²¹ Greenwald Z, Bouck Z, Eeuwes J, et al. "Exploring the impact of supervised consumption service use on public injecting in Toronto, Canada." 12th International Conference on Health and Hepatitis in Substance Users. Athens; 2024.

5.4 Neighbourhood overdose mortality rates

A recent spatial analysis of overdose mortality data demonstrates that **Toronto neighbourhoods that implemented supervised consumption services subsequently experienced a statistically significant 67% reduction in the overdose mortality rate.** This study, which used data from the Office of the Chief Coroner of Ontario, also found that no significant reductions were experienced in neighbourhoods that did not implement supervised consumption services.²² Additionally, the magnitude of the protective spatial effect between supervised consumption services and overdose mortality more than doubled between 2018 and 2019, suggesting that **the community level-overdose prevention benefits of the sites increased over time.**²²

Table 5: Changes in overdose mortality rates in different buffer zones surrounding SCS in Toronto, before and after SCS implementation.					
	Pre-site overdose mortality rate* (N)	Post-site overdose mortality rate* (N)	Rate reduction (95% CI)	Equivalent percentage reduction	p-value
250m					
Neighbourhoods within (n=13)	8.77 (27)	2.92 (9)	5.85 (1.52 to 15.86)	67%	0.037
Neighbourhoods beyond (n=127)	1.53 (37)	1.16 (28)	0.37 (-1.88 to 4.13)	24%	0.38
500m					
Neighbourhoods within (n=15)	8.10 (27)	2.70 (9)	5.40 (1.52 to 15.86)	67%	0.037
Neighbourhoods beyond (n=125)	1.54 (37)	1.17 (28)	0.37 (-1.88 to 4.13)	24%	0.38
1000m					
Neighbourhoods within (n=20)	7.11 (29)	2.21 (9)	4.91 (3.44 to 13.15)	69%	0.018
Neighbourhoods beyond (n=120)	1.64 (38)	1.20 (28)	0.43 (-2.51 to 3.88)	26%	0.53
2500m					
Neighbourhoods within (n=35)	5.25 (35)	2.10 (14)	3.15 (3.06 to 11.32)	60%	0.0077
Neighbourhoods beyond (n=105)	1.40 (29)	1.11 (23)	0.29 (-2.90 to 3.86)	21%	0.71
5000m					
Neighbourhoods within (n=54)	4.35 (44)	1.78 (18)	2.57 (1.81 to 10.12)	59%	0.0064
Neighbourhoods beyond (n=86)	1.16 (20)	1.10 (19)	0.06 (-3.68 to 3.22)	5%	0.80

*Crude rate per 100,000 people; number of mortality events is given in brackets. CIs and p-values were generated using the Wilcoxon signed-rank test on pre-SCS and post-SCS overdoses mortality rates among neighbourhoods both within and beyond the stated buffer sizes.

²² Rammohan I, Gaines T, Scheim A, Bayoumi A, Werb D. Overdose mortality incidence and supervised consumption services in Toronto, Canada: An ecological study and spatial analysis. The Lancet Public Health 2024; 9(2): e79-e87.

5.5 'Risk compensation' among clients of supervised consumption services

Concerns have been expressed regarding 'risk compensation' among supervised consumption service clients. This refers to the idea that providing overdose prevention services will cause people who inject drugs to take greater risks with their substance use. However, in a Toronto-based study published in the *International Journal of Drug Policy*, **there was no statistically significant difference in the frequency of non-fatal overdose among people who did and did not access supervised consumption services** (see Table 7).²³

<p><i>International Journal of Drug Policy</i> 97 (2021) 103090</p> <p>Contents lists available at ScienceDirect</p> <p><i>International Journal of Drug Policy</i></p> <p>journal homepage: www.elsevier.com/locate/drugpo</p> <p>Research Paper</p> <p>Supervised consumption service use and recent non-fatal overdose among people who inject drugs in Toronto, Canada</p> <p>Ayden I. Scheim^{a,*}, Zachary Brouk^{b,c}, Paula Tooley^d, Shaun Hopkins^e, Ruby Seidman^f, Elizabeth McLean^g, Gary Gaher^h, Stefan Buralⁱ, Sean B. Rourke^j, Dan Werb^{k,l}</p> <p>^aDepartment of Epidemiology and Biostatistics, University of Toronto, Toronto, Canada; ^bDepartment of Epidemiology and Biostatistics, University of Toronto, Toronto, Canada; ^cPublic Health Ontario, Toronto, Canada; ^dPublic Health Ontario, Toronto, Canada; ^ePublic Health Ontario, Toronto, Canada; ^fPublic Health Ontario, Toronto, Canada; ^gPublic Health Ontario, Toronto, Canada; ^hPublic Health Ontario, Toronto, Canada; ⁱPublic Health Ontario, Toronto, Canada; ^jPublic Health Ontario, Toronto, Canada; ^kDepartment of Epidemiology and Biostatistics, University of Toronto, Toronto, Canada; ^lDepartment of Epidemiology and Biostatistics, University of Toronto, Toronto, Canada</p> <p>* Corresponding author. E-mail address: ayden.scheim@utoronto.ca https://doi.org/10.1016/j.drugpo.2021.103090 0950-2688/© 2021 Elsevier B.V. All rights reserved.</p>					
Table 7. Associations between recent frequency of SCS use and recent non-fatal overdose among 701 persons who inject drugs in Toronto, Ontario, November 2018 to March 2020.					
Contrast: Supervised consumption service		Unadjusted		Adjusted	
Exposure	Reference	PR*	95% CI	PR*	95% CI
All of most (≥75%)	None (0%)	1.90	1.25 to 2.86	1.43	0.93 to 2.21
Some (26–74%)	None (0%)	2.14	1.43 to 3.19	1.52	1.00 to 2.33
Few (≤25%)	None (0%)	1.53	0.99 to 2.31	1.25	0.81 to 1.91
All of most (≥75%)	Few (≤25%)	1.24	0.96 to 1.61	1.15	0.89 to 1.48
Some (26–74%)	Few (≤25%)	1.40	1.11 to 1.79	1.22	0.96 to 1.56
All or most (≥75%)	Some (26–74%)	0.89	0.71 to 1.10	0.94	0.75 to 1.17
PR = Prevalence Ratio					

Supervised consumption service use was measured as the proportion of injecting taking place within a site in the past 6 months. All combinations of levels of SCS use were contrasted and the results show that recent non-fatal overdose likelihood was similar (no statistically significant differences) across groups. **This suggests that supervised consumption services do not inadvertently increase risk-taking among their clients.**²³

²³ Rammohan I, Gaines T, Scheim A, Bayoumi A, Werb D. "Overdose mortality incidence and supervised consumption services in Toronto, Canada: An ecological study and spatial analysis." *The Lancet Public Health* 2024; 9(2): e79–e87.

5.6 Crime and supervised consumption services in Toronto

Supervised consumption services and spatial patterns of homicide

Investigating the Spatial Association between Supervised Consumption Services and Homicide Rates in Toronto, Canada, 2010-2023

17 Pages • Posted: 30 Sep 2024

An analysis of 13 years (2010-2023) of homicide data in Toronto sheds light on the association between the location of supervised consumption services and patterns of

homicide.²⁴ Using data from the Office of the Chief Coroner in Ontario, our team tested whether there were changes in the monthly homicide rate in three areas: within 500 meters of supervised consumption services, between 500 meters and 3 kilometers of supervised consumption services, and areas greater than 3 kilometers away from supervised consumption services. The study period included 5 years of homicide data prior to and 5 years of data after the implementation of supervised consumption services.

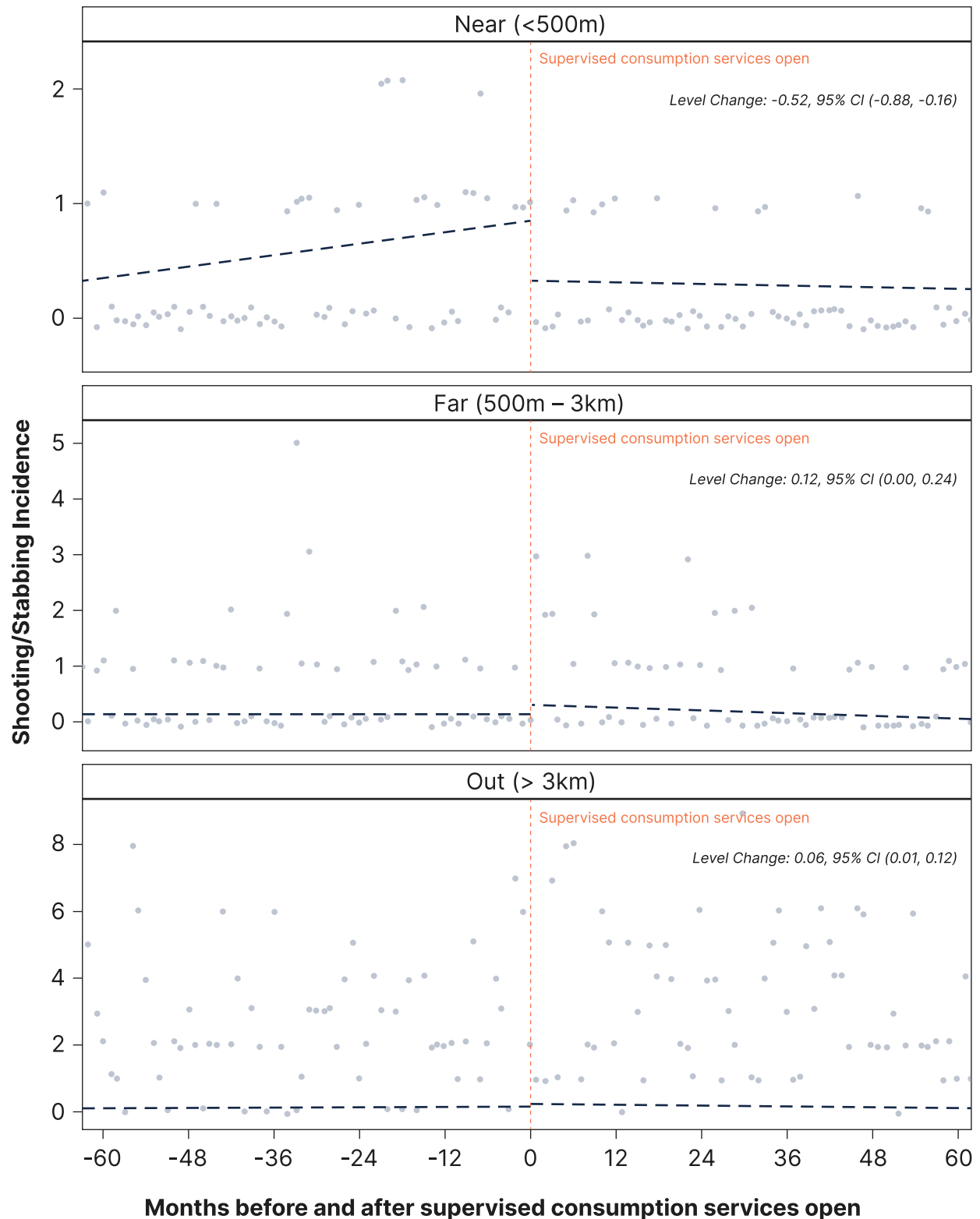
The study found no evidence that the monthly incidence of homicides increased in areas near supervised consumption services (<500 m). Instead, **there was a minimal but statistically significant decrease in the monthly incidence of homicides near supervised consumption services (<500 m; $p < 0.01$),** no significant change in areas between 500 meters and 3 kilometers **and a minimal but statistically significant increase in areas more than 3 km away from the sites ($p = 0.03$).**²⁴ This trend was consistent across different definitions of homicide: restricting to shootings and stabbings; or only shootings and stabbings that occurred outside; or including all homicides. This trend was also consistent across different time periods: 18 months, 3, 4, and 5 years before and after the implementation of supervised consumption services.²⁴

Table 8: Interrupted time series analysis of the effect of supervised consumption service implementation on shooting/stabbing rates by distance in Toronto, Canada, 2010–2023.

Distance	Parameter	Estimate	Standard Error	p-value
Near (< 500m)	Intercept	0.8436	0.1154	<.0001
	Overall trend across study period	0.008332	0.001997	<.0001
	Level Change Post supervised consumption site	-0.5227	0.1832	0.0049
Far (500m–3km)	Intercept	0.1391	0.0305	<.0001
	Overall trend across study period	0.000340	0.000529	0.5221
	Level Change Post supervised consumption site	0.0958	0.0490	0.0521
Out (>3km)	Intercept	0.1267	0.0184	<.0001
	Overall trend across study period	0.000420	0.000317	0.1870
	Level Change Post supervised consumption site	0.0618	0.0286	0.0321

²⁴ Werb, D., H. S. Sung, Y. Na, I. Rammohan, J. Eeuwes, A. Owusu-Bempah, A. Smoke, T. Kerr and M. Karamouzian (2024). "Investigating the Spatial Association between Supervised Consumption Services and Homicide Rates in Toronto, Canada, 2010-2023." Available at SSRN: <https://ssrn.com/abstract=4969290> or <http://dx.doi.org/10.2139/ssrn.4969290>.

Figure 5. Interrupted Time Series of Fatal Shootings and Stabbings by Distance from Supervised Consumption Services in Toronto, Canada, January 2010–September 2023



5.7 Supervised consumption services and neighbourhood crime trends

Our team conducted interrupted time series analyses of data from the Toronto Police Services Open Data Portal.²⁵ This involved accessing nine years of crime data—from 2014 and 2023—and comparing changes in crime rates in downtown neighbourhoods that did and did not implement supervised consumption services in the periods prior to and after these sites were implemented. Crimes included: assaults, robberies, break & enters, auto thefts, and thefts over \$5000. **When analyzing these crimes together, there was no statistically significant change ($p > 0.05$) in the overall crime rate after the implementation of supervised consumption services across downtown neighbourhoods in Toronto that did and did not implement supervised consumption sites.**

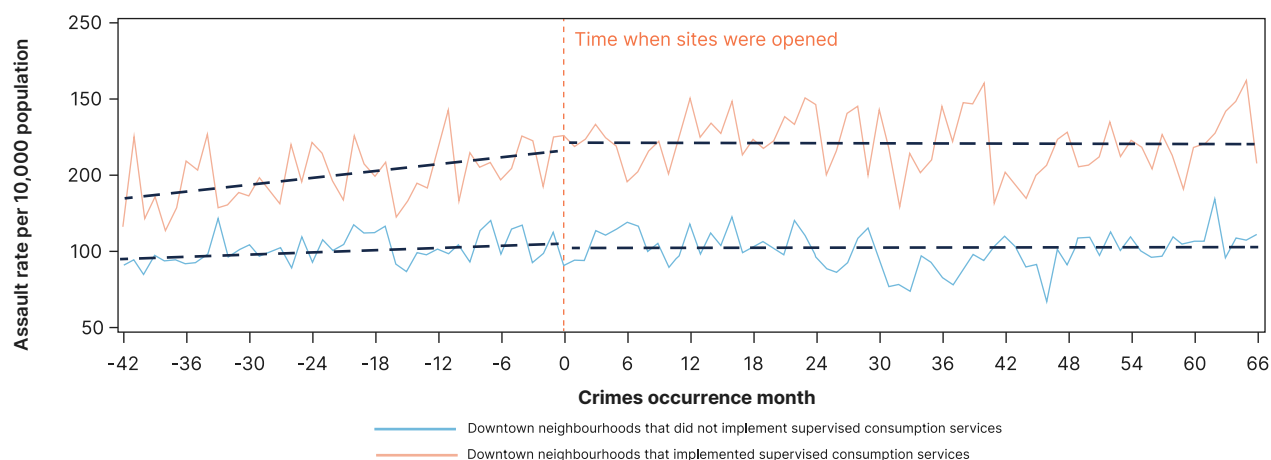
We also analyzed each crime type separately to determine whether there were any significant changes before and after the implementation of supervised consumption services

Assaults

Neighbourhoods that implemented supervised consumption services did not experience a significant increase in the assault rate. Instead, **neighbourhoods with supervised consumption services experienced a statistically significant downward shift in the assault rate after the sites were implemented** ($p < 0.03$).

No statistically significant downwards trend was observed in downtown neighbourhoods that did not implement supervised consumption services.

Figure 6. Supervised consumption site opening effect on assault rate

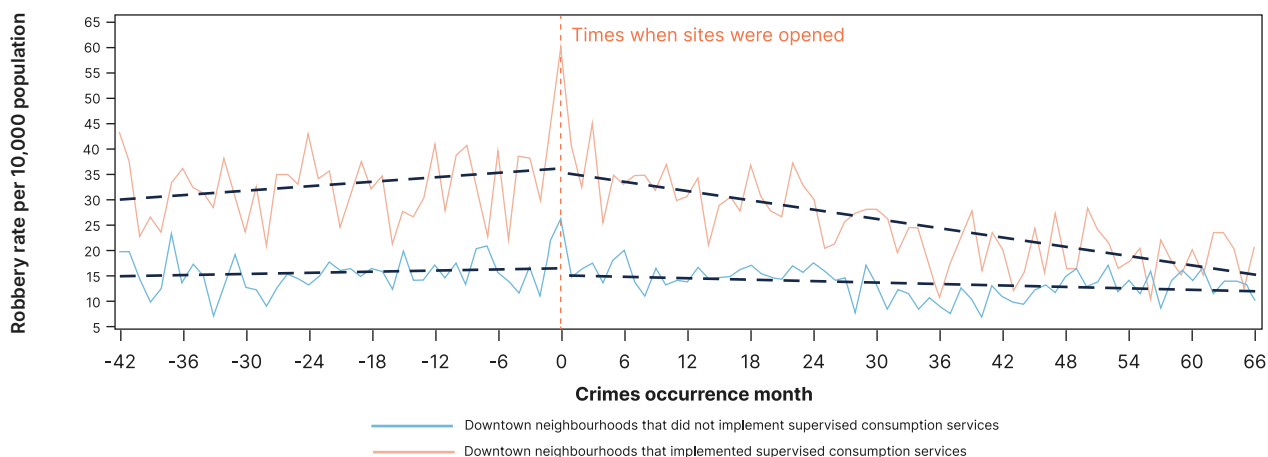


²⁵ All data used in these analyses are public and can be found here: <https://data.torontopolice.on.ca/pages/open-data>

Robbery

Neighbourhoods with supervised consumption services experienced a statistically significant downward shift in the robbery rate after the sites were implemented ($p < 0.01$). However, no statistically significant change in the robbery rate was observed in neighbourhoods that did not implement supervised consumption services ($p > 0.05$).

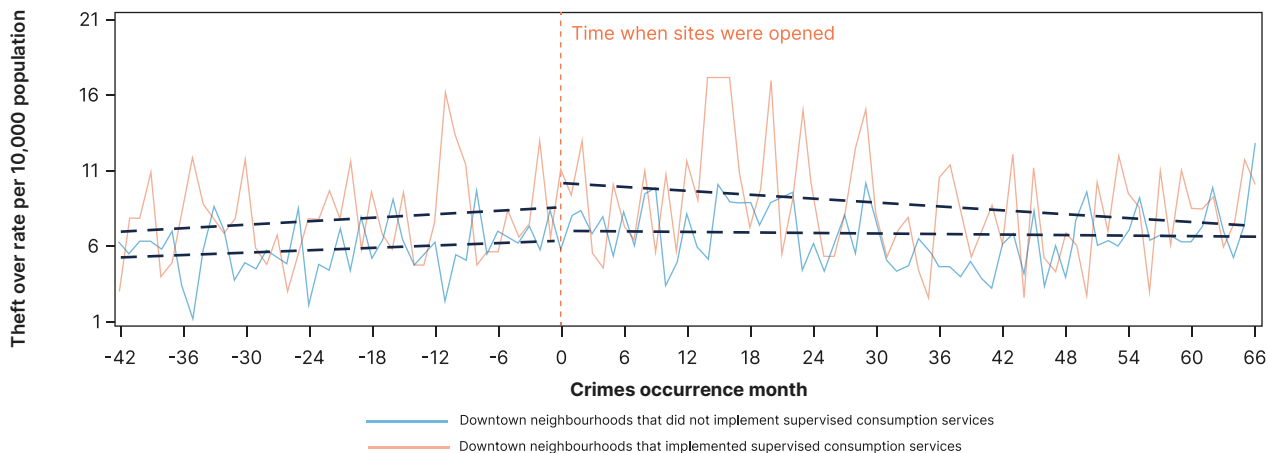
Figure 7. Supervised consumption site opening effect on robbery rate



Theft over \$5000

There were no statistically significant changes in the rate of thefts over \$5000 in either neighbourhoods that did and did not implement supervised consumption services.

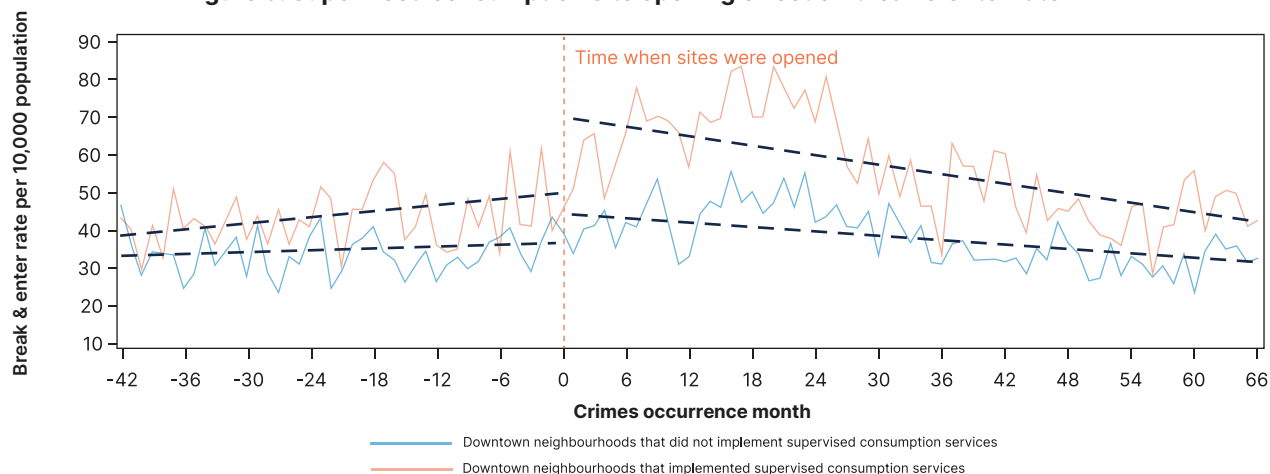
Figure 8. Supervised consumption site opening effect on theft over rate



Break & enter

Downtown neighbourhoods that did and did not implement supervised consumption services both experienced statistically significant increases in the break & enter rate after the period when supervised consumption services were implemented. Both sets of neighbourhoods also subsequently experienced statistically significant downward shifts in the trend of break & enters after the implementation of supervised consumption services ($p < 0.05$).

Figure 9. Supervised consumption site opening effect on break & enter rate



Crime data suggest that, contrary to claims made by the provincial government, downtown neighbourhoods that implemented supervised consumption services did not experience increases in crime. In some cases, Toronto Police Services data demonstrate that in the period after the implementation of these sites, neighbourhoods with sites experienced statistically significant decreases in major crimes.

6. Expert evidence on supervised consumption services from the Ontario provincial government: 2024

Consumption and Treatment Service Review Reports

In late 2023, the Ministry of Health appointed Jill Campbell as a supervisor of the South Riverdale Consumption and Treatment Service and asked Unity Health Toronto to conduct an external review.

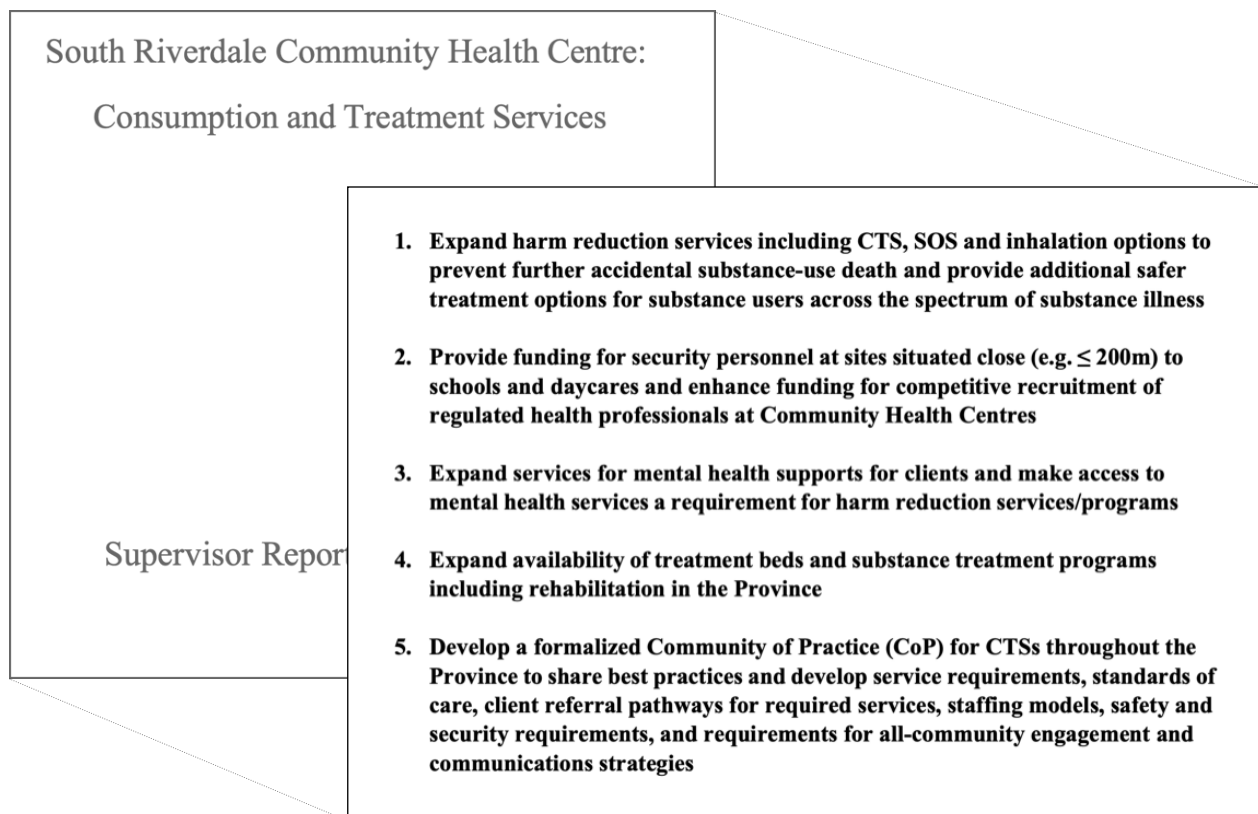
- [Consumption and Treatment Service Review — Prepared by Unity Health Toronto](#) (PDF)
- [Community Engagement Report — Prepared by Unity Health Toronto](#) (PDF)
- [South Riverdale Community Health Centre: Consumption and Treatment Services — Supervisor's Report](#) (PDF)

The announcement of a provincial ban on supervised consumption services in August 2024 was accompanied by the release of two taxpayer-funded expert reports commissioned by the provincial government. One report was undertaken by staff from the office of the provincial Medical Officer of Health,²⁶ and another report was undertaken by staff at Unity Health Toronto. No staff involved in the report commissioned by the provincial government were involved in the production of this brief.²⁷ A third report, also prepared by Unity Health Toronto staff under contract to the provincial government, covered recommendations related to community engagement. We present recommendations from these reports made to government with respect to the impact and operation of supervised consumption services in Ontario.

²⁶ This report available at: <https://www.ontario.ca/files/2024-08/moh-south-riverdale-community-health-centre-cts-supervisor-report-en-2024-08-19.pdf>.

²⁷ This report available at: <https://www.ontario.ca/files/2024-08/moh-consumption-treatment-service-review-unity-health-en-2024-08-19.pdf>.

6.1 The Supervisor's report



The supervisor's report, which focused on the services offered at South Riverdale Community Health Centre, recommended **expanding** the availability of supervised consumption services at South Riverdale Community Health Centre, as well as providing additional funding to support the service. **No recommendations were made to close supervised consumption services.**

6.2 Consumption and treatment service review – Unity Health Report

South Riverdale Community Health Centre Consumption and Treatment Service Review

Prepared by Unity Health Toronto

FEBRUARY 28th, 2024

FUNDING

41. Recommendation: The review team recommends that the Ministry of Health allow CTS sites more flexibility in how they use funds. The review team recognizes that the implementation of some of the recommendations in this report may require additional resources that SRCHC does not currently have.

The Unity Health Toronto report also focused on services offered at South Riverdale Community Health Centre. It included 40 recommendations to improve the provision of consumption and treatment services and reduce potential issues with public safety in the surrounding area.

The report also included one recommendation (Recommendation 41) to **increase funding** to provide South Riverdale Community Health Centre the resources it requires to address potential public safety issues stemming from the provision of supervised consumption services. **No recommendations were made to close supervised consumption services.**

Both taxpayer-funded expert reports recommended expanding funding and resources to support supervised consumption services. Neither suggested closing supervised consumption services.

Additionally, both reports were limited in scope to the supervised consumption services at South Riverdale Community Health Centre. No scientific evidence was provided by the government related to any other supervised consumption services operating in Ontario.

7. Summary

Scientific evidence generated over decades from a variety of jurisdictions suggests that supervised consumption services are among the most effective approaches to preventing overdose. Additionally, recent findings from Ontario demonstrate that these sites are effective at improving public health outcomes while not contributing to major crimes.

Specifically, scientific evidence demonstrates that:

- Supervised consumption services in Toronto are overwhelmingly accessed by people who are homeless or unstably housed.
- People who access these sites are also more likely to access addiction treatment.
- Accessing supervised consumption services in Toronto is not associated with increased drug-related risk-taking.
- Supervised consumption services in Ontario are key sites of referral, including to testing and treatment of referral into testing and treatment of infectious diseases such as hepatitis C.
- Accessing supervised consumption services in Toronto was associated with a subsequent 50% reduction in high-frequency public injecting among clients who were homeless or unstably housed.
- Supervised consumption services in Ontario have, over the past four years, provided services to approximately 178,000 unique clients, who have collectively made over 1.1 million visits.
- During this time, these sites have also successfully reversed 22,000 non-fatal overdoses.
- These sites have also provided over 500,000 service and treatment referrals to clients.
- Neighbourhoods in Toronto that implemented supervised consumption services subsequently experienced a two-thirds reduction in overdose mortality.
- Areas close to these sites in Toronto experienced significant reductions in the homicide rate, while areas further away experienced increases.
- The rate of major crimes in neighbourhoods with supervised consumption services generally declined after their implementation. Crime rate increases observed in neighborhoods with supervised consumption services were comparable to those seen in neighborhoods without these facilities.
- Taxpayer-funded expert reports commissioned by the provincial government unanimously recommended maintaining supervised consumption services and expanding their funding, both in 2018 and in 2024.

8. Recommendations

This report summarizes evidence generated by the Ontario provincial government, by international scientific experts, and by a team studying supervised consumption services in Ontario supported by the Canadian Institutes of Health Research.

It is imperative that public health and community safety are both prioritized in the response to overdose and other drug market-related harms. The scientific evidence collected to date strongly suggests that supervised consumption services are critical in meeting the needs of people at risk of overdose, of connecting them with services including addiction treatment, and do not appear to contribute to major crimes including homicide.

Based on this scientific evidence, we recommend the following steps:

- 1. Reverse the decision to close supervised consumption services in Ontario.**
- 2. Make public all scientific evidence related to the provincial government's decision to ban supervised consumption services.**
- 3. In line with taxpayer-funded expert reports, provide supervised consumption services with increased funding to expand their services and mitigate any potential public safety issues that may arise.**
- 4. Meaningfully expand Ontario's addiction treatment system.**
- 5. Properly fund a comprehensive system of care for substance use in Ontario that integrates supervised consumption services, other frontline service providers, a responsive treatment system, and supportive housing.**

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